Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

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<u>_</u>			ndar year, or tax year				011, and e		i i i i i i i i i i i i i i i i i i i		, 20 11 rer identification number
B		applicable:	C Name of organization	Parker V	Columbar F	ire Depart	ment, li				6047812
님	Address	•	Doing Business As		<u> Yolunteer F</u>			nc.			
닏	Name ch	•	Number and street (or P		is not delivered to	o street accoress	HOO	m/suite		E letepho	ne number
닏	Initial retu	nu	P.O. Box 59								
	Terminate										
	Amended return Parker City, IN 47368										ecerpts \$
	Application	on pending	F Name and address of pr	incipal officer:					H(a) is this	a group return	for affiliates? 🔲 Yes 🔲 No
									H(b) Are a	ull affiliates ir	ncluded? Yes No
$\overline{}$	Tax-exen	npt status:	X 501(c)(3)	501(c) () ◀ (insert n	o.) 🗌 4947(a)(i) or 52	27	H "1	No," attach a	a list. (see instructions)
J	Website:	. ► www	.Parker-Fire.com						H(c) Grou	p exemption	number ▶
K	Form of o		Corporation Trust	Associatio	n ☐ Other ►		L Year of fo	ormation	1961	M State	of legal domicile: IN
	art I	Summ									
	1		scribe the organizati	on's missio	n or most sig	nificant activ	ities:				·····
			provide Fire & Re		_						
ဦ			MOXIME VICE WER		ar camer	<u> </u>					***************************************
ĕ											***************************************
ě	2	Check th	is box ▶ ☐ if the orga	enization di	econtinued its	operations	or dienoe	ed of	more tha	n 25% of	ite net secete
Ĝ	1		of voting members of			•	•			. 3	17
್			of independent voting	~							0
<u>≅</u>			of independent voting	-	•		-	10)	• • •	5	0
Activities & Governance					-	*	, ime za)	•	• • •	·	17
Ą			nber of volunteers (es					• •	• • •	. 6	
	1		elated business rever		•				• • •	. 7a	\
	Ь	Net unrei	ated business taxabl	e income m	om Form 990	-1, line 34	• • •	• • •		. 7b	0
	1_							<u> </u>	Prior Y		Current Year
9			tions and grants (Part					٠		15.00	684.00
Revenue			service revenue (Parl					•	31,4	50.00	39,000.00
á	10	Investme	nt income (Part VIII, o	column (A)	lines 3, 4, and	17d)		·		0	0
_	11	Other rev	enue (Part VIII, colum	吧你但的	5126878c (9c)	10c, and 11	e)	·		20.00	11,800.00
			enue-add lines 8 thic				A), line 12	2)		85.00	51,484.00
			nd similar amounts pa					·		96.00	662.00
		14 Benefits paid to or for members (Rart X, column (A), line 4)						290.00		330.00	
8	15		other compensation, e				ines 5–10)) [0		0
Expenses	16a		nal fundraising∜ees					. L	0		0
ğ	b		draising expenses (Pa							0	0
Ú	17	Other exp	oenses (Part IX, co lu r	nn (A), lines	11a-11d, 11	f–24e) .			32,3	347.00	41,725.00
	18	Total exp	enses. Add lines 13-	17 (must ed	ual Part IX, c	olumn (A), lii	ne 25)	. [32.7	733.00	42,717.00
	19	Revenue	less expenses. Subti	ract line 18	from line 12			. $ extstyle ext$	4,9	952.00	8,767.00
58								Beg	inning of C	urrent Year	End of Year
48	20	Total ass	ets (Part X, line 16)					. 🗀	852.0	00.00	838,338,00
Net Ass Fund Ba	21	Total liab	ilities (Part X, line 26)					. —	160,2	265.00	151,450.00
\$5	22	Net asset	s or fund balances. S			20		. 🗀		755.00	686,888.00
P	art II		ure Block	· · · · · · · · · · · · · · · · · · ·							303,000,00
				mined this reti	um, includino acc	companying sch	edules and :	stateme	nts, and to	the hest of r	my knowledge and belief, it is
			ete. Declaration of prepare								n, tolomougo end conol, k lo
			Tomal /	ra 1/2	1						
Sign Here		Signi	ature of officer	p Copy	7				 D:	ate	
		To	erry Darling, Tre								2/ 2012
			or print name and title	asulci	 					reoru	ary 24, 2012
			pe preparer's name	Ip.	reparer's signatur	'A		Date			PTIN
Pa			proposition to result	"	. O orginalli	-		Date		Check [] # }
Pr	eparei							1	-	self-emp	DIOYED
Us	e Only								Fin	m's EIN ▶	
NA:	Ab = 10		ddress >						Ph	one no	
_			this return with the			see instructi	ons) .	• •	• •	· • • •	Yes No
For	Paperw	rork Redu	ction Act Notice, see t	he separate	instructions.		C	at. No.	11282Y		Form 990 (2011)

art	Ш		ram Service Accom		Abia Dart III		
1	Brie	offly describe the organi	o contains a response	e to any question in	this Part III	<u> </u>	<u> L.J</u>
•		Fire & Rescue		7			
_	Did	Aba amaninakian unda	whales and also illustrate as			aa Bakad aa Aba	
2		the organization under or Form 990 or 990-E27				were not listed on the	☐Yes ☐No
	•	res," describe these ne			• • • • •		L tes L No
3		the organization cea			nges in how it co	nducts, any program	
	serv	/ices?			•		☐ Yes ☐ No
		es," describe these ch	•				
4	Des	cribe the organization	's program service acc	complishments for e	each of its three larg	gest program services,	as measured by
		enses. Section 501(c) nts and allocations to d					t the amount of
	grai		bators, the total expens	oos, and revenue, in	arry, for each progre	an service reported.	
4a	(Co	de:) (Exper	nses \$	including grants of	\$) (Revenue \$)
	•						

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4b	/Co/	de:) (Expen	1000 ¢	including arents of	<u> </u>	\ /Poyonuo \$	······································
70	(COI	ue) (Lxpen	1909 A	including grants of	Ψ) (Lieveline à	
							
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			**				
40	(Co)	do: \(\(\(\) \(\) Evnon		including grants of	<u> </u>	\/Dayanya ¢	
4c	(Co	de:) (Expen	1262 \$	including grants of	Ф) (Hevenue \$	/

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				*			
4d		er program services (D			(D	•	
4e		oenses \$ al program service ex	including grants of)	(Revenue \$)	
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Part	V Checklist of Required Schedules			
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	8		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X as applicable.	10		X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\vdash	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	<u> </u>	X
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X

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Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	:	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		<u>X</u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	X

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u>···</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a - 0 -	Γ	163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	10		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a - 0 -			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u>X</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		X
_	If "Yes," enter the name of the foreign country: ▶	4a		
Ь	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 -	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		·	37
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		X
С	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			17
_	organization, have excess business holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.			v
a	Did the organization make any taxable distributions under section 4966?	9a		X
ь 10	Section 501(c)(7) organizations. Enter:	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 51484.00			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 51484.00	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		l
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	X
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	ļ	17
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	X.
ь	Enter the amount of reserves the organization is required to maintain by the states in which			1
-	the organization is licensed to issue qualified health plans	1		l
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		X

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.					
Cooti	Check if Schedule O contains a response to any question in this Part VI								
Secu	on A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b - 0 - Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	X X	X X X					
b 8	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
а	the year by the following: The governing body?	8a	X.						
9 9	Each committee with authority to act on behalf of the governing body?	8b	X	X					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)						
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X					
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X					
13	Did the organization have a written whistleblower policy?	13	X						
14 15	Did the organization have a written document retention and destruction policy?	14	X						
a b	The organization's CEO, Executive Director, or top management official	15a 15b		X					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)					
19	☐ Own website ☐ Another's website ☐ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		•	olicy,					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Terry Parling 537 W Thompson St., Parker City, TN 47368	of the							

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гаче	

Form	ggn.	1201	11

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more that box, unless person is bo			is both or/trust	n an Reportable compensation		(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mike Gordon 210 Indiana St., Parker City, IN	10 to 20 Hrs.			X				- 0 -	-0	- 0 -
(2) Seth Davis	10 to				 		\vdash		· · · · · · · · · · · · · · · · · · ·	
404 Pennsylvania Ave., Parker City				x				- 0 -	-0-	- 0 -
(3) Wesley Hodson 442 W. Howard St., Parker City	10 to 20 Hrs.			X				- 0 -	- 0 -	- 0
(4) Terry Darling 537 W. Thompson St., Parker City	10 to 20 Hrs.			X				- 0 -	- 0 -	- 0 -
(5)										
(6)										
(8)						•				
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Complete this table for your five highest compensation from the organization? If "Yes," complete Schedule J for such individual for services endered to the organization? If "Yes," complete Schedule J for such individual for services repeated to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person NA		(A) Name and title	(B) Average hours per week (describe	Position (do not check more than of box, unless person is both officer and a director/trust or in institut of inst					n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation		n
(16) (17) (19) (20) (21) (22) (23) (24) (25) 1			related organizations in Schedule	vidual trustee irector	tutional trustee	ber	employee	nest compensated	ner			SC)	orgar and	uzation related	
(17) (18) (20) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27)	(15)														
(16) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(16)											\top			
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) Name and business address (C) Compensation N/A	(17)														
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tayear. (A) (A) Name and business address (A) Description of services (C) Compensation N/A	(18)											_			
(22) (23) (24) (25) (25) (25) (25) (26) (27) (27) (28) (29)	(19)						_		\vdash			-			
(22) (23) (24) (25) (25) (25) (25) (26) (27) (27) (28) (29)	(20)						-		\vdash			-			
(23) (24) (25) (25) (25) (26) (25) (26) (27) (27) (27) (28) (28) (29)									-					· · · · · · · · · · · · · · · · · · ·	 ;
(23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? if "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? if "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) NAme and business address Description of services Compensation									ļ						
(24) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tayear. (A) Name and business address NA					-										
1b Sub-total	124\								_			_			
1b Sub-total												_			
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tayear. (A) Name and business address Description of services Compensation															
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Teportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									<u>></u>	ho received m	ore then \$10	0.000	n f		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				100					5) W	TIO I GCGIVGU III	DIE HIMH DIO	0,000 (
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	ficer, direc	tor, o	r tn	uste	æ,	key e	emp	oloyee, or high	est compen	sated		Yes	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comp	ensation fro	m the	3		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related organizations	greater tha	an \$1	50,	000	? h	f "Ye	s, "	complete Sch	edule J for	such			X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) (B) (C) Compensation WA	5	Did any person listed on line 1a receive of									ation or indi	vidual			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's taryear. (A) (B) (C) Name and business address Description of services Compensation	Section		111 Tes, C	ompi	GIG (SCI	euc	110 0 1	<i>UI</i> S	ucii persori	<u> </u>	•	5	l	X
Name and business address Description of services Compensation	1	compensation from the organization. Rep	compensate ort compe	ed inc nsatio	depe	endo or th	ent 10 C	contralend	acto ar y	ors that receive rear ending wit	ed more than h or within th	\$100,0 ne orga	000 of inizatio	n's ta	ıx
			ress				-		i		ervices			atron	•
2 Total number of independent contractors (including but not limited to those listed above) who	N	/A													
2 Total number of independent contractors (including but not limited to those listed above) who															
2 Total number of independent contractors (including but not limited to those listed above) who							_								
received more than \$100,000 of compensation from the organization ▶	2								th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ta ta	1a	Federated campaigns 1a				
ran	ь	Membership dues 1b				
D, G	С	Fundraising events 1c 55.00				
ifts ar A	d	Related organizations 1d 4.00				
, a	e	Government grants (contributions) 1e				
Str	f	All other contributions, gifts, grants,				
uti	•	and similar amounts not included above 1f 625.00				
물등	_	Noncash contributions included in lines 1a-1f: \$,	İ	
Contributions, Gifts, Grants and Other Similar Amounts	9		604 M			
<u> </u>	h	Total. Add lines 1a–1f	684,00			
Program Service Revenue					l	
eve	28	Town of Parker City	20,000.00			
e R		Monroe Township	12,000.00			
절		Stoney Creek Township	5,000.00			
Sei	d	Green Township	2,000.00			
æ	е					
ogu	f	All other program service revenue.				
<u> </u>	g	Total. Add lines 2a–2f	39,000.00			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶		,		
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents 1,130.00				
	b	Less: rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss) ▶	1,130.00			
	7a	Gross amount from sales of (i) Securities (ii) Other				•
	ь	assets other than inventory Less; cost or other basis				
		and sales expenses .				
	C	Gain or (loss)	^			
	d	Net gain or (loss)	0			,
Revenue	8a	Gross income from fundraising events (not including \$				
_		of contributions reported on line 1c). See Part IV, line 18				
Othe	Ь	Less: direct expenses b	į			
	С	Net income or (loss) from fundraising events . ▶	0			
	9a	Gross income from garning activities.				
		See Part IV, line 19				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue Business Code				
	11a	Pool Fills	570.00			
		ReimbParker City (train)	100,00		****	-
	c	Transfer from Savings	10.000.00			
	d	All other revenue	11/9\\\/\\\/			·····
	_	Total. Add lines 11a–11d	10,670.00			
Ì	12	Total revenue. See instructions	51,484.00			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	662.00	662.00	T1							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members .D.es Compensation of current officers, directors, trustees, and key employees	330.00	330.00								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
a	Management										
Ь	Legal	· · · · · · · · · · · · · · · · · · ·									
C	Accounting										
d	Lobbying										
e f	Investment management fees										
g g	Other										
12	Advertising and promotion			··							
13	Office expenses . Supplies	554.00		554,00							
14	Information technology	309.00		309.00	1						
15	Royalties	307,00									
16	Occupancy	3,687.00		3,687.00							
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	Interest	8,335.00		8,335.00							
21	Payments to affiliates			40.155.00							
22	Depreciation, depletion, and amortization .	12,480.00		12,480.00							
23	Insurance	3,675.00		3,675. 00	····						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)	747.00		747 . ∞							
а	Truck Payment	8.476.00		8.476.00							
b	Donations	600.00		U, T/U, W	600.00						
С	Pagers	221.00		221/.00	000.00						
d	Trick Fauiment	2,641.00		2,641.00							
e	All other expenses			•							
25	Total functional expenses. Add lines 1 through 24e	42,717.00	992.00	41,125.00	600.00						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)										

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	6.619.00	1	15,397,00
2	Savings and temporary cash investments	25,004.00	2	15,024.00
3	Pledges and grants receivable, net	. 0	3	0
4	Accounts receivable, net	31,623.00	4	30.421.00
5	Receivables from current and former officers, directors, trustees, key	- ,		,
	employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Assets 4	Notes and loans receivable, net	0	7	0
8	Inventories for sale or use	0	8	0
9	Prepaid expenses and deferred charges	<u> </u>	9	0
10a	Land, buildings, and equipment: cost or			X
ł	other basis. Complete Part VI of Schedule D 10a 832,877.00			
b	Less: accumulated depreciation 10b 12,480.00	820,397.00	10c	807,917.00
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	·	14	
15	Other assets. See Part IV, line 11	050 000 00	15	000 000 00
16	Total assets. Add lines 1 through 15 (must equal line 34)	852,020.00	16	838,338.00
17	Accounts payable and accrued expenses	<u> </u>	17	0
18 19	Grants payable	0	18	0
1	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities 23	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	0	22	0
_ 2	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	160,265.00	24	151,450.00
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0	25	0
26	Total liabilities. Add lines 17 through 25	160,265.00	26	151,450.00
80	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	0	27	0
g 28	Temporarily restricted net assets	0	28	0
g 29	Permanently restricted net assets	Ö	29	0
Net Assets or Fund Balances 72 12 22 23 23 25 24 25 25 25 25 25 25 25 25 25 25 25 25 25	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds	0	30	0
8 31	Pald-in or capital surplus, or land, building, or equipment fund	820,397,00	31	807,917,00
₹ 32	Retained earnings, endowment, accumulated income, or other funds .	(128,642,00)	32	(121,029,00)
5 33	Total net assets or fund balances	691,755.00	33	686,888.00
34	Total liabilities and net assets/fund balances	852.020.00	34	838,338,00
		U.Z. UZUAW		Form 990 (2011)

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,48	4,00	
2	Total expenses (must equal Part IX, column (A), line 25)	2	42.71	7.00	
3	Revenue less expenses. Subtract line 2 from line 1	3	8,76	7,00	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	691,75	5.00	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(4.86	7.00))
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	1			
	column (B))	6	686,888	3.00	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain i	n	İ .	
	Schedule O.			ł	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	ıt 🗀		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ii	n 🗔		
	Schedule O.			1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r wer	е		
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to	orth i	n	}	
	the Single Audit Act and OMB Circular A-133?		За	1	Ιx
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the	в 🗀	 	- -
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	•	3b		X
		••	For	m 990	(2011)
					. ,

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection
Employer identification number

	Parker Volunteer Fire Dept., Inc.	<u>35</u> 2604	7812
Par		or Ac	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		_
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held	d in don	or advised
	funds are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant		
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for		
	conferring impermissible private benefit?	-	
Day			
Par		Form S	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)		
	☐ Protection of natural habitat ☐ Preservation of a	certified	d historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the fo	orm of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	. 28	3
b	Total acreage restricted by conservation easements	. 2t)
С	Number of conservation easements on a certified histonic structure included in (a)	. 20	<u> </u>
d	Number of conservation easements included in (c) acquired after 8/17/06, and not or		
	historic structure listed in the National Register	. 20	<u> </u>
3	Number of conservation easements modified, transferred, released, extinguished, or termin		
	tax year ▶		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspe	ction t	pandling of
•	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea		
•	·	1361116116	s during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	onto du	ring the year
•	S	ents du	ing the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	namilan i	4.70/L\/.4\/D\
O	(i) and section 170(h)(4)(B)(ii)?	section	
		• • •	· · · □ Yes □ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a		
	balance sheet, and include, if applicable, the text of the footnote to the organization's finar	iciai stat	ements that describes the
_	organization's accounting for conservation easements.		
Part		ther Si	milar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-		
	works of art, historical treasures, or other similar assets held for public exhibition, educ		
	public service, provide, in Part XIV, the text of the footnote to its financial statements that of	lescribe	s these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	venue s	tatement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, c	or research in furtherance of
	public service, provide the following amounts relating to these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar a	ssets fo	r financial gain provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter		gari, provide tile
•			▶ ¢
a	Revenues included in Form 990, Part VIII, line 1		D

Paga	2

Part	Organizations Maintaining	Collections of	Art, Historic	al Treasures, e	or Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, o	check any of the	following that are a s	significant use of its
a	☐ Public exhibition		d 🗆 L	oan or exchange	programs	
b	☐ Scholarly research		e 🗌 C	Other		
C	☐ Preservation for future generations	3				
4	Provide a description of the organizat	tion's collections a	and explain he	ow they further th	ne organization's exer	npt purpose in Part
	XIV.					
5	During the year, did the organization	solicit or receive	donations of	art, historical tre	asures, or other simil	ar
	assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra				nswered "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amoun	t on Form 990, I	Part X, line 2	1.		
1a	included on Form 990, Part X?					ot Yes No
b	If "Yes," explain the arrangement in Pr	art XIV and compl	ete the followi	ng table:	A	mount
С	Beginning balance				1c	
ď	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance	<i>.</i>			1f	
28	Did the organization include an amount	nt on Form 990, P	art X, line 21?			☐ Yes ☐ No
b	If "Yes," explain the arrangement in P					
Par	V Endowment Funds. Compl	ete if the organiz	ation answe	red "Yes" to Fo		
		(a) Current year	(b) Prior year	r (c) Two years	back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and				1	
	losses					
đ	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance	<u> </u>	L			
2	Provide the estimated percentage of t	-	nd balance (lin	e 1g, column (a))	held as:	
8	Board designated or quasi-endowmen	-4	%			
b	Permanent endowment	%				
С	Temporarily restricted endowment ▶		MAR/			
2-	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			a that are hold a	nd administered for th	10
38	organization by:	e possession or tr	ie organizatio	ii ulat are nere a	ing administrated for ti	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
ь	If "Yes" to 3a(ii), are the related organi	 Izatione listad as r	equired on Sc	hedule R?	• • • • • • •	3b
4	Describe in Part XIV the intended use				• • • • • • •	<u> </u>
Pari						
	Description of property	(a) Cost or of (investm	ther basis (b) (Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	. 65.0	$\infty.\infty$			65,000,00
ь	Buildings		95500			399,395,00
C	Leasehold improvements		0			
d	Equipment	356 (02.00		12,480.00	343.522.00
	Other	·			7	
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, co	lumn (B), line 10(c	c).)	807,917.00
					0.1	

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(4	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
	l derivatives			
	held equity interests			<u> </u>
(3) Other				
(A)	·····			
(B)				
(C)				
(D) (E)				*
(F)		· · · · · · · · · · · · · · · · · · ·		
(G)				
(H)		· · · · · · · · · · · · · · · · · · ·		
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments-Program Related	J. See Form 990, Part X,	line 13.	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)		<u></u>		
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		······································
(7)	Water the second			
(8)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
) Description		(b) Book value
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)			_	
(3)			-	
(4)			-	
(6)			-	
(7)		- · · · · · · · · · · · · · · · · · · ·	1	
(8)			1	
(9)			1	
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stater	ments that reports the
organization	n's liability for uncertain tax positions u	nder FIN 48 (ASC 740).	-	-

Schedu	de D (Form 990) 2011		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Rel	tum
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	╛	
b	Donated services and use of facilities	╝	
C	Recoveries of pnor year grants	_	
d	Other (Describe in Part XIV.)	_	
e	Add lines 2a through 2d	26)
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)	╛	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	Reconciliation of Expenses per Audited Financial Statements With Expenses	_	<u>leturn</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1
a	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	4	
d	Other (Describe in Part XIV.)	┨╻	
e	Add lines 2a through 2d	26	· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.)	\dashv	
b		┥,	
С 5	Add lines 4a and 4b	40	
Part		3	
		0	N. Carathandon
Part V	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor dditional information.		

scheaule D (Ho	mi 990) 201 i	Page 3
Part XIV	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Parker Volu	unteer Fire Dept., Inc.	35-6047812	
Part V.			
a.	This non-profit department does not engage in any outside business for income.		
b.	This organization is a volunteer fire department only.		
с.	This organization is a volunteer fire department only.		
Part VI.			
11b.	A copy of this form is available upon request.		
19.	This organization has all required documents available	if requested by the public.	
Part XI.			
5,	Retirement of old inventory. The last half of the cont	ract payment for the year 2010	
	was not deposited until the year 2011 by mistake.		
Part XII.			
3b.	This volunteer fire department has not been given a fed	eral award. If one is	
	awardeded in the future, this department will comply wi	th all requirements requested.	

Schedule O (Form 990 or 990-EZ) (2011)	Page	
Name of the organization	Employer identification number	